

## The Blue Shield Preferred Plan

With more than 50 years of health care experience and a history of financial stability, Blue Shield has earned a reputation of trust and dependability throughout the State of California.

### THE SHIELD HEALTH PLANS



(800) 351-2465

## Plan Highlights

- Participants can access Blue Shield's impressive Preferred Provider Network (the largest network of its kind in the entire state) – over 51,000 Physician Members, more than 404 Hospitals, and 40,000 allied health care professionals.
- Through negotiated contracts with members of our Preferred Provider Network, The Blue Shield Preferred Plan offers high quality health care coverage at rates lower than traditional Blue Shield plans because all Preferred Providers have agreed to accept Blue Shield's payment allowance as payment-in-full for covered services. Plus, chances are that your current physician is a Blue Shield Preferred Member.
- Annual maximum benefits total \$75,000 per covered individual, and the lifetime maximum benefits are \$750,000 per covered individual.
- With Blue Shield's Preferred Plan you don't have to complete and submit any claim forms because Preferred Providers bill Blue Shield directly.
- Your dependents (spouse and unmarried children under age 23) are also eligible for coverage under Blue Shield's Preferred Plan.

## Plan Providers

With Blue Shield's Preferred Plan, you can choose any physician or hospital you want. However, there is a considerable difference in your out-of-pocket costs should you decide to go to non-Preferred Providers because Blue Shield pays for covered services performed by non-Preferred Providers

at a lower percentage. In addition, Blue Shield Preferred Providers have agreed to accept Blue Shield's payment allowance as payment-in-full for covered services. So, not only will your co-payments be at a higher percentage if you use non-Preferred Providers, you are also responsible for any charges that exceed Blue Shield's Allowable Amount. These additional amounts will not be applied to your maximum out-of-pocket costs.

## How The Plan Works

Using Blue Shield's Preferred Plan is easy. You simply present your Blue Shield ID card to your Preferred Provider and we take care of the rest – there are no claim forms to fill out. If, however, you go to a non-Preferred Provider, you may have to complete some paperwork.

When you purchase prescription drugs, you pay the pharmacist in full, and submit the prescription drug receipt, with a claim form, to Blue Shield for processing.

## Your Co-payment

When you use Preferred Providers, your maximum co-payment (the amount you're responsible for) is \$2,500 per person, and \$4,000 per family in a Calendar Year.

## Benefits Management Program™

Blue Shield's Preferred Plan includes our Benefits Management Program – a health care cost control program that helps you identify the most appropriate and cost-effective course of treatment for which benefits may be received. (Please note that failure to meet your responsibilities under the Program may

result in your incurring a substantial financial liability. For this reason, we are on-hand to answer any related questions. Just call Blue Shield toll-free at (800) 343-1691.)

## Important Information

### We Welcome Your Call

For more information on Blue Shield of California and The Blue Shield Preferred Plan simply call us toll-free at (800) 351-2465. We're here to serve you.

*Please note that the information presented on these pages is only a summary of the Blue Shield Preferred Plan, and for exact terms and conditions of coverage, you should reference the Evidence of Coverage booklet.*

# Blue Shield

## Benefit Summary

| <i>Type of Service</i>                          | <i>Description of Service</i>  | <i>What You Pay</i>   |                                   |
|---|--|---|-----------------------------------|
|   |  | <i>Preferred Provider</i>   | <i>Non-Preferred Provider</i>     |
| <b>Calendar Year Deductible</b>                 | The amount that you must pay before Blue Shield assumes liability for the remaining cost of covered services   | 0   | 0                                 |
| <b>Co-payment</b>                               | Your percentage of the cost of covered services  | See below   | See below                         |
| <b>Out-Of-Pocket Maximum</b>                    | Member's annual maximum out-of-pocket expense when using a Preferred provider.   | \$2,500<br>(per covered person)   | Unlimited                         |
|   |  | \$4,000<br>(per family)   | Unlimited                         |
| <b>Annual Benefit Maximum</b>                   | The amount after which no more benefits are paid by Blue Shield for covered services during a year   | \$75,000<br>(per covered person)  | \$75,000<br>(per covered person)  |
| <b>Lifetime Benefit Maximum</b>                 | The amount after which no more benefits are paid by Blue Shield for covered services during your lifetime  | \$750,000<br>(per covered person)   | \$750,000<br>(per covered person) |
| <b>Hospital Services</b>                        | Semi-private room & board, medically necessary inpatient and outpatient services & supplies  | 20%   | 50%                               |
| <b>Physician Care</b>                           | Office and specialist visits   | \$25  | 50%                               |
| <b>Diagnostic X-Ray Lab</b>                     | Laboratory, X-Ray & major diagnostic   | 20%   | 50%                               |
| <b>Prescription Drugs</b>                       | Drugs prescribed by a physician  | 20% of the lesser of the cost of, or the charge made, by the majority of pharmacists in the area where the items are obtained |                                   |
| <b>Durable Medical Equipment &amp; Supplies</b> | Including artificial limbs, braces, oxygen, wheel chairs & hospital beds   | 20%   | 50%                               |
| <b>Maternity</b>                                | Prenatal & postnatal care  | 20%   | 50%                               |
|   | Normal delivery  | 20%   | 50%                               |
|   | Complication of pregnancy, including C-section   | 20%   | 50%                               |
| <b>Ambulance</b>                                | Ground transportation as medically necessary   | 20%   | 20%                               |
| <b>Emergency Care Services</b>                  | Emergency room   | 20%   | 20%                               |
| <b>Mental Health Care</b>                       | Inpatient nervous and mental services 10 days each calendar year   | 20%   | 50%                               |
|   | Outpatient nervous and mental visits 15 days each calendar year  | 20%   | 50%                               |
|   | Except for severe mental illness, including serious emotional disturbances in children.  |   |                                   |
| <b>Home Health Care/<br/>Home Hospice Care</b>  | Medically necessary visits by physician  | 20%   | 50%                               |
|   | Medically necessary visits by approved home health agency  | 20%   | 50%                               |
|   | These services are only provided when Blue Shield recommends them as a medically appropriate and more cost-effective plan of treatment.  |   |                                   |
| <b>Skilled Nursing Services</b>                 | Semi-private accommodations (in lieu of hospital)  | 20%   | 20%                               |
| <b>Speech/Physical/Occupational Therapy</b>     | Therapist's services in a medical office or outpatient department for short-term therapy of acute conditions on an outpatient basis.   | 20%   | 50%                               |
|   |  | 20%   | 50%                               |
| <b>Other</b>                                    | Blood (administration of blood & blood plasma, including the cost of blood, blood plasma & blood processing)   | 20%   | 50%                               |
|   | Facility hospice care (services of a licensed hospice – limited to six months per covered person and will only be provided when Blue Shield recommends it as a medically appropriate and more cost-effective plan of treatment). | 20%   | 20%                               |